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	APR 1 9 2000			3060 See	Approved by OMB 3060 - 0799 See instructions for public burden estimate	
1) Fint Name (if individual):	MI:	Las Name			Suffix:	
2) Applicant Name (if entity): Michael E. Bryant Life Trust	ng & Tech sis Branc	hical h	3) Applicant TIN:		<u> </u>	
Related FCC Regulated Businesses of Applicant/L	ic:ensee					
4a) Name and address of all FCC Regulated Businesses owned by Applicant/Licensee (use additional sheets, if necessary):		4b) incipal Business:	4 c) TIN:		4d) Percent of Interest Held:	
Signature 5) Typed or Printed Name of Party Authorized to Sign	 		1	.		
First Name: Thomas	MI:	Last Name:	iffe	s	uffix: Esq.	
Title: Trustee ~~	,		6177979 41	\ <u>-</u>		
Signature: Thomas Katayfe,	Jr.	(Δ) AP _Ω (Φ)	2000 (223) L	ate:		
Failure To Sign This Application May Result In Dismissal Of The	e Application A	nd Forfeiture of Any Fees F	Paid 10 0			
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FCC 602 Main Form

FCC Ownership Disclosure Information for the Wireless Telecommunications Services

Approvedby OMB 3060 - 0799 See instructions for public burden estimate

1) First Name (if individual):	MI:	Last Name:		Suffix:
Dani el	Μ.	B	Bryant	
2) Applicant Name (if entity):			3) Applicant TIN: Related to appl	ication w/
Related FCC Regulated Businesses of Applicant/Lic	ensee			
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Signature i) Typed or Printed Name of Party Authorized to Sign				
First Name: Dani el	MI: M	Last Name:	Bryant	suffix:
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Signature: Day Ray		APR 200n	Date:	
Failure To Sign This Application May Result in Dismissal Of The Ap	pplication A	nd Forfeiture Of Any Fees	s Paigra)	
WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATT Section 1001) AND/OR REVOCATION OF ANY STATION LICENSE O (U.S. Code, Title 47, Section 503).	TACHMENTS	S'ARE PUNISHABLE BY FIN UCTION PERMIT (U.S. Cod)	da, Title 47, Section 312(a)(1)), AND	Code, Title 18, D/OR FORFEITURE

FCC 602 Main Form

FCC Ownership Disclosure Information for the Wireless Telecommunications Services

Approved by OMB 3060 - 0799 See instructions for Public burden estimate

Applicant/Licensee Information				
1) First Name (if individual):	MI:	Last Name:		Suffix:
G. Allan		, Bryant		
2) Applicant Name (if entity):			3) Applicant TIN: Related to appl	TCatTon w/
Related FCC Regulated Businesses of Applicant/Lice	ensee			
4a) Name and address of all FCC Regulated Businesses owned by Applicant/Licensee (use additional sheets, if necessary):	4b) Principal Business:		4c) TIN:	4d) Percent of Interest Held:
Signature 7) Typed or Printed Name of Party Authorized to Sign				
First Name: G. Allan	MI:	Last Name: Brya	ant	suffix:
Title:				
Signature: Galla M	yus		APR 2000	
Failure To Sign This Application May Result In Dismissal Of The Ap	j pplication A	nd Forfeiture Of Any Fees Pa	aid 00 A	
WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTA Section 1001) AND/OR REVOCATION OF ANY STATION LICENSE O (U.S. Code, Title 47. Section 603).	ACHMENTS DR CONSTRI	UCTION PERMIT (U.S. Code,	AND/OR IMPRISONMENT (U.S. C Title 47. Section 312(a)(I)), AND/C	ode, Title 18, OR FORFEITURE